

## No Cost Spend Authorization

**Department Name:**

**Submitted By:**

**Date:**

Traveler Name:

Traveler Primary Location:

Traveler Primary Destination(s):

Department Phone #:

Contact Person:

Contact Phone #:

Supervisor's/Approver's email:

Primary Purpose of Travel:

Is this travel being covered by A separate institution/A private organization/Traveler?

Yes

No

If yes, please provide name and types of expenses covered:

Mileage Only? Yes

No

Supervisor's Signature: